



# Mississippi Board of Animal Health

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JAMES A. WATSON, D.V.M.  
*State Veterinarian*

Date: \_\_\_\_\_

Owner/Farm: \_\_\_\_\_

Thank you for participating in the Mississippi Voluntary Johne's Disease Program. The Mississippi Board of Animal Health, the USDA, Veterinary Services, and the Mississippi State University College of Veterinary Medicine are dedicated to the national efforts to control the disease in beef and dairy populations, and your support of the program is greatly appreciated. This letter is to confirm your enrollment in the program and to inform you of your herd status. This information will also be forwarded to your herd veterinarian.

Premises Identification: \_\_\_\_\_

Most Recent Test Date: \_\_\_\_\_

Herd Veterinarian: \_\_\_\_\_

Herd Status:

- ☐ Johne's Status Program – The Status Program is for herds wishing to certify the “test negative” status of their herd for marketing purposes. The Status Program consists of identifying the herd's status and implementing measures to prevent the introduction of the disease into the herd. A herd becomes Level 1 after all animals test negative on blood sampling, or after negative fecal testing of any blood-positive animals.

Your herd is currently at: ☐ Status Level 1 ☐ Status Level 3  
☐ Status Level 2 ☐ Status Level 4

- ☐ Johne's Management Plan – The Management Plan is for herds that have had animals diagnosed with Johne's disease in the previous herd test. The Plan consists of the identification and removal of infected animals and the implementation of measures to reduce the spread of the disease within the herd.

Please contact your herd veterinarian, or Dr. Bob Warren, MS Johne's Disease Coordinator at 601-359-1170, if you have further questions.



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Program enhancements are currently underway. One suggested enhancement was to provide a mechanism to identify Program participants for promotional and marketing purposes. Herds listed on the website will be identified as participants in the Mississippi Voluntary Johne's Disease Program. Herd status levels will NOT be included.

If you would like your herd to be listed as a participant in the program on the new MS Program website, please fill out the following form. By signing this form, the producer agrees that confirmation of herd status is at the discretion of the website users and the Mississippi Board of Animal Health will not be held responsible for any liabilities resulting from outdated or inaccurate information.

Information that will be included:

Owner/Farm Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature of herd owner: \_\_\_\_\_

Please return form to:

Dr. Bob Warren  
MS Johne's Disease Coordinator  
MS Board of Animal Health  
PO Box 3889  
Jackson, MS 39207